

APPLICATION FOR A POUND LICENSE

FACILITY INFORMATION:

Name of Facility: _____

Street Address: _____

Town or City: _____ **Zip Code:** _____

Telephone: _____ **FAX:** _____

Email: _____ **Website:** _____

Business Hours:

SUN.	_____ to _____	THURS.	_____ to _____
MON.	_____ to _____	FRI.	_____ to _____
TUES.	_____ to _____	SAT.	_____ to _____
WEDS.	_____ to _____		

After Hours Telephone / Emergency Contact: _____

Supervising Animal Control Officer: _____

Phone: _____

MAILING ADDRESS: (if different from facility location)

Is POUND affiliated with any other RI or MA Municipal Animal Control?
If yes, please identify City(s) or Town(s) and Supervising Animal Control Officer(s):

ATTENDING VETERINARIAN(S):

(Please list all veterinarians who care for the animals in your facility)

Name: _____

Hospital Address: _____

Telephone: _____ FAX: _____

Name: _____

Hospital Address: _____

Telephone: _____ FAX: _____

Name: _____

Hospital Address: _____

Telephone: _____ FAX: _____

EMPLOYEES

Please list all current employees and/or volunteers

TYPES OF ANIMALS

	<i># ANIMALS</i>	<i># PERMANENT CAGES</i>	<i># RUNS</i>
DOGS	_____	_____	_____
CATS	_____	_____	_____
SM. MAMMALS	_____	_____	_____
REPTILES	_____	_____	_____
BIRDS	_____	_____	_____

OTHER:

QUARANTINE RUNS OR CAGES: *(please list number and type)*

If **WILDLIFE** will be Sheltered:

Name and Phone number of RI Licensed Rehabilitator: _____

Cage and/or Run space set aside for Wildlife: _____

Common Rooms or Socialization Areas:

Please indicate below if the shelter has any areas that are set aside for animals to be housed together – either part of the day or full-time. Give dimensions of area and number of animals that it would normally house.

Does POUND have an emergency evacuation plan? _____ YES _____ NO

Does POUND have a "shelter in place" plan _____ YES _____ NO

Is POUND equipped with a microchip scanner? _____ YES _____ NO

Will POUND "foster out" Animals? _____ YES _____ NO

If yes, please provide names, addresses and phone numbers of those individuals who will provide foster care for POUND animals. Also include foster care provider's affiliations with any rescue groups or leagues:

PLEASE PROVIDE A DETAILED FLOOR PLAN OF YOUR POUND

This diagram should include ALL the following:

- Indoor and outdoor runs or cages
Interior and exterior doors
Windows and vents
Heating and/or cooling system
Lighting
Waste receptacles
Food storage
Drainage systems
Front desk or reception area
Cooler and/or freezer
Location of sprinklers or fire extinguishers
Posted emergency evacuation plan or map
Location of spay/neuter logs
Isolation or quarantine cages/runs or rooms
Medical treatment room(s) (if applicable)
Carbon monoxide chamber (if applicable)

EUTHANASIA

Method of Euthanasia:

Carbon Monoxide Chamber _____ YES _____ NO

If chamber is used, please give date chamber was installed: _____

Lethal Injection _____ YES _____ NO

Signature of Attending Veterinarian(s):

Signature of Applicant: _____

Title: _____ Date: _____

- * *Use reverse side to list any additional employees*
- * *Please complete the form in its entirety*
- * *Call DEM / Div. Of Agriculture /Animal Health Section with any questions or concerns at 222-2781*
- * *Sign, date and return application to:*

**The Department of Environmental Management
Division of Agriculture Rm.370
Attn: State Veterinarian
235 Promenade St.
Providence, RI 02908-5767**

Inspected By: _____ **Date:** _____

Approved By: _____ **Date:** _____